



**Commonwealth of Massachusetts**  
**City/Town of**  
**Shared Disposal System Construction**  
**Permit**  
**Form 10B**

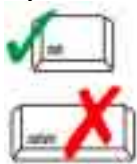
Number \_\_\_\_\_

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the Board of Health to determine the form they use.

**Shared systems must be approved by DEP prior to construction.**

**Permission is hereby granted to:**

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

to perform the following work on a shared on-site sewage disposal system:

- ☐ Construction  
☐ Repair or replacement  
☐ Repair or replacement of system components

Facility Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

The work to be performed is further described in the Application for a Shared Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

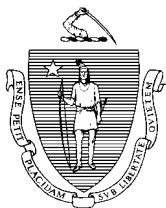
**Check List:**

The following documentation was provided with application as required:

- ☐ 310 CMR 15.290 (2a) ☐ 310 CMR 15.290 (2b)  
☐ 310 CMR 15.290 (2c) ☐ 310 CMR 15.290 (2d)  
☐ 310 CMR 15.290 (2e)

Copies of application and pertinent documents were sent to DEP: ☐

Date \_\_\_\_\_



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**All construction must be completed within three years of the date below.**

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature